## BEST AVAILABLE COF.

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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

절	(C)	<del></del>								TO	U	704	. <b>45</b>
Earbara C Netional	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	.EN	ΙΤΊΤΥ	OR	OTHER SMALL	
	TO	TOTAL CLAIMS						RAT	Ε	FEE.	1 1	RATE	FEE
	FO	R		NUMBER FILED NUME		NUMB	BER EXTRA BASIC FEE		FEE		OR	BASIC FEE	290
	то	TAL CHARGEA	BLE CLAIMS	17 minus 20= *			X\$ 9=			OR	X\$18=		
	IND	EPENDENT CL	AIMS	3 minus 3 = *		X42:		•	1 1	X84=			
İ	MU	LTIPLE DEPEN	DENT CLAIM PI	'RESENT				•	OR.				
	* If the difference in column 1 is less than zero, enter "0" i						olumn 2	+140			OR	+280=	
	CLAIMS AS AMENDED - PART II						TOTA	\L		OR	TOTAL		
		<u> </u>	(Column 1)	(Column 2) (Column 3)		SMALL ENTITY			OTHER THAN OR SMALL ENTITY				
	AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	QN	Total	* .	Minus	**		=	X\$ 9	=		OR	X\$18=	
Bulgs	AME	Independent	*	Minus	***	CL AINA	=	X42:	-		OR:	X84=	
National Stage Processing	FIRST PRESENTATION OF MULTIPLE DEPENDE			ENDENT	CLAIN		+140		·	OR	+280=		
Sra	Š		•					TO ADDIT. F			OR	TOTAL ADDIT, FEE	
liona	(Column 1)			(Column 2) (Column 3		(Column 3)	1.			•			
Nat	N.		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER OUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	AMENDM	Total	*	Minus	**		=	X\$ 9	-		OR	X\$18=	
	AME	Independent	*	Minus	***		=	X42=			OR	X84=	
	<u> </u>	rino i Prizoc	NTATION OF MU	DETIPLE DEP	ENDENT	CLAIM		+140	=		OR	+280=	-
								TO:1 ADDIT. F	AL EE		OR	TOTAL ADDIT. FEE	
Ð			(Column 1) CLAIMS	Province and the second	(Colum		(Column 3)	7	i			• • • • • • • • • • • • • • • • • • • •	
anduna ongs sobbedong	MENT C		REMAINING  AFTER  AMENDMENT		HIGH NUME PREVIC PAID	BER OUSLY	PRESENT EXTRA	RATE	= =	ADDI- TIONAL FEE	٠.	RATE	ADDI- TIONAL FEE
	AMENDMEN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
Others M. Merri	AME	Independent	*	Minus .	*** .	·- <u></u> .	=	X42=				X84=	<del></del>
Service Arrest	L	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM			$\dashv$		OR		
	*	If the entry in colu	mn <sup>:</sup> 1 is less than th	he entry in colu	mn 2, write	"0" in co	lumn 3.	+140: TOT			OR	+280=	
	**	If the "Highest Nur "If the "Highest Nu	mber Previously Pa mber Previously P nber Previously Pa	aid For" IN THIS aid For" IN THI	S SPACE is S SPACE is	s less tha	n 20, enter "20."	ADDIT. F	EE L	ropriate box		TOTAL ADDIT. FEE umn 1.	